

# Initial Health Assessment Guidance for Social Workers

---

## What the Statutory Guidance says

The Statutory guidance for Promoting the Health and Wellbeing of Looked After Children (DoE, DH 2015) states that an initial health assessment (IHA) should be completed within 20 working days of the child entering care so the report is available at first Looked after Children review meeting.

The proposal to address the completion of paperwork / IHA within statutory timescales is that children Looked After S20 is that **the SW gains agreement and signature for the IHA at the same time as the agreement to the S20**. This means the SW does not then have to go back specifically to gain agreement and signature for the IHA. **If the S20 is planned**, agreement and signature should be included in the planning discussions with the parent and signature gained in advance of the placement. Ideally and where possible, the **IHA should take place in advance of the placement**. This practice provides the best opportunity for any health needs for the child to be identified and addressed prior to and at the start of the placement.

The timeliness and quality of the IHA is fundamental in ensuring that the child's health needs are identified and addressed. It is also an important element of the child's care plan and subsequent permanence arrangements. Failure to adequately capture parental/ birth history at the IHA is often identified as a failure in Ofsted /CQC inspections.

## Initial Health Assessments within West Sussex

The initial health assessment **must** be conducted by a registered medical practitioner.

Within West Sussex the IHA is conducted in accordance with the statutory guidance. For unaccompanied asylum seeking children / young people there is a clinic which is run by a GP with a specialist interest.

The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan.

That case review must happen **within 20 working days** from when the child started to be looked after.

The statutory health assessment should address the areas specified in section 1 of Schedule 1 of the care planning regulations.

These areas are:

- The child's state of health, including physical, emotional and mental health
- The child's health history including, as far as practicable, his or her family's health history
- The effect of the child's health history on his or her development
- Existing arrangements for the child's health and dental care appropriate to their needs, which must include routine checks of the child's general state of health, including dental health
- Treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs
- Preventive measures such as vaccination and immunisation
- Screening for defects of vision or hearing
- Advice and guidance on promoting health and effective personal care
- Any planned changes to the arrangements

- The role of the appropriate person, such as a foster carer, residential social worker, school nurse or teacher, and of any other person who cares for the child in promoting his or her health.

**NB:** It is recommended within the statutory guidance that the child / young person's social worker as well as the birth parents (if appropriate) and carer should attend the Initial health assessment wherever possible to ensure that the assessing Doctor and Nurse have up to date information on the child / young person's background and health history.

### **Documentation for Initial Health Assessments**

The complete system of integrated BAAF health forms includes:

**Consent Form:** To access health history of child and parent/s and share information as appropriate

**Form M:** Obstetric report on the Mother

**Form B:** Neonatal report on child

**Form PH:** Health report on a Birth Parent

**Form IHA-C:** Initial health assessment for the child from birth-nine years OR

**Form IHA-YP:** Initial health assessment for the young person aged 10 and older

**Carers Report:** Carer's report on the child / young person

**Family & Child/ren Assessment or Chronology :** Detailed events explaining background prior to entry into care.

Completion of the forms will ensure that all the necessary health and social information is obtained for the initial health assessment and care plan.

### **Consent Form**

- The Consent Form is not used to obtain consent for health assessments, which must be obtained at the time of each health assessment and documented on the relevant form. Rather, it is used to secure consent to obtain the child's health information that is needed to complete a comprehensive health assessment and health care plan. It is also used to obtain consent from the birth parent(s) to access their health information from various sources. Additionally, consent can be to share the information with other health professionals, social workers and other's planning the child's care, and with the carers. Finally, the signed consent form allows the child or young person to receive relevant family health information at suitable times in the future. When the child / young person becomes Looked After the social worker **must ensure** so far as is possible, that the consent form is completed by the appropriate individuals with parental responsibility.
- **Part A** of the consent form should be completed by the social worker.
- **Part B** of the consent form should be completed by the birth parent who may give consent for two different purposes.
  - Comprehensive health information is needed about the birth parent and his or her family, and consent to access this can **only** be given by the birth parent;

-Comprehensive health information is needed about the child /young person and consent is needed from the birth parent or other person with parental responsibility **only** if the child / young person does not have the capacity to consent on his or her own behalf.

- **Part C** of the consent form should be completed by the child / young person with capacity to consent, to allow access to his or her health information and to share information as appropriate
- **Part D of the consent form** should be completed by another adult with parental responsibility, or if the local authority holds parental responsibility, by a representative authorised to give consent on behalf of the local authority.
- **Note:** A single BAAF Consent Form may be used to obtain consent to access health information for the child / young person and **one** birth parent. The other birth parent **must** sign a second Consent Form to allow access to his or her health information.

### **Form M: Obstetric report on mother**

This form should be completed for all children who are becoming looked after. It provides health information on the mother before, during and after delivery, which will be relevant for immediate placement, care planning and future health. A copy of the signed consent form should accompany a request for the completion of the Form M.

- **Part A** of the Form M is completed by the Social worker indicating the name and contact details of the CLA Health team to whom the form should be returned to.
- **Part B** of the Form M is completed by a doctor or midwife at the hospital where the child/young person was born. The hospital will be responsible for returning the forms to the CLA health team administrator.

### **Form B: Neonatal report on the child**

This form should be completed for all children and young people who are becoming Looked After. It provides basic information for current and future health care and for decisions regarding future placements, for prospective adopters or foster carers about the child's earliest days, which may be relevant health care later and which will be greatly valued by a child / young person in later life.

A copy of the signed Consent Form should accompany a request for the completion of Form B.

- **Part A** of the Form B is completed by the Social worker indicating the name and contact details of the CLA health team to whom the form should be returned to.
- **Part B** of the Form B is completed by a doctor or senior nurse who has access to the child's birth records. The hospital will be responsible for returning the forms to the CLA health team administrator.

### **Form PH: Health report on a birth parent**

This form provides a family health history, which will assist in planning for the child's placement, contribute to his or her current and future health care, and provides evidence of the birth parent's consideration of their child's future welfare, which maybe important to a young person later in life.

This form is completed and must be signed by the birth parent with the social worker; each birth parent **must** complete and sign a separate PH form.

- The completed Form PH(s) is passed to the Named Nurse CLA / Paediatrician who may wish to contact the birth parent's GP or health specialist to obtain further information or confirm data supplied by the birth parent.

A copy of the signed BAAF Consent Form must accompany any request for further information. Clinical judgement will be required to determine when further information or confirmation is required. The Form PH should be available to the doctor examining the child.

### **Form IHA-C: Initial Health Assessment for the Child birth to nine years**

This form is designed to record a comprehensive and holistic health and developmental assessment and will incorporate the health information obtained on Forms M/B and PH. This form should be used for infants, young children up to nine years and older children who have developmental delay. The assessing doctor should always be provided with a social care report on the child.

A copy of the signed Consent Form should accompany a request for the completion of Form IHA-C

- **Part A of the IHA-C form:** Is completed by the social worker indicating the name and contact details of the CLA Health team to whom the form should be returned to. The legal status and holder of parental responsibility **must** also be indicated. Unless the child has capacity to consent to the health assessment, consent is needed from the birth parent, or another adult with parental responsibility, or an authorised representative of the agency holding parental responsibility.
- **Part B of the IHA-C form :** should be completed by the examining doctor experienced in paediatrics and the health needs of Looked After Children. The social worker should be present at the IHA appointment.
- **Note:** since Part B contains personal and possibly sensitive health information about other family members as well as the child, it should be retained in the child's health record to maintain confidentiality. A full copy of Form IHA-C is sent to the child /young person's GP as per the statutory guidance.
- **Part C of the IHA-C form:** Is completed by the examining health professional. It is a summary report and outlines health recommendations and actions that contribute to the child's health care plan.
- This is the **only** part of Form IHA-C that is shared with social worker, birth parent if applicable (this must be decided by the child's social worker), carer, IRO.

### **Form IHA-YP Initial health assessment for the young person aged 10 and older**

This form has the same purposes as Form IHA-C. In addition, however it creates an opportunity to discuss their health with the young person. The assessing doctor should always be provided with a social care report on the young person.

A copy of the signed Consent Form should accompany a request for the completion of Form IHA-YP

- **Part A of the IHA-YP form:** Is completed by the social worker indicating the name and contact details of the CLA Health team to whom the form should be returned to. The legal status and holder of parental responsibility **must** also be indicated. Unless the young person has capacity to consent to the health assessment, consent is needed from the birth parent, or another adult with parental responsibility, or an authorised representative of the agency holding parental responsibility.
- **Part B of the IHA-YP:** should be completed by the examining doctor experienced in paediatrics and the health needs of Looked After Children. The social worker should be present at the IHA appointment.
- **Note:** since Part B contains personal and possibly sensitive health information about other family members as well as the young person, it should be retained in the young person's health record to

maintain confidentiality. A full copy of Form IHA-YP is sent to the young person's GP as per the statutory guidance.

- **Part C of the IHA-YP:** Is completed by the examining health professional. It is a summary report and outlines health recommendations and actions that contribute to the young person's health care plan. This is the **only** part of Form IHA-YP that is shared with social worker, birth parent if applicable (this must be decided by the young person and / or their social worker), carer, IRO and a copy is given to the young person.

**Carers Report:** In West Sussex the CLA health team have devised a carer's report following consultation with Foster carer's. This form should be completed by the main carer and is designed to provide a description in the carer's own words, of the child's emotional and behavioural well-being. This form is sent directly to the foster carer by the CLA health Team and it is the responsibility of the foster carer to return the form to the CLA health team

**Strengths and difficulties Questionnaire (SDQ):** The SDQ is a short behavioural screening tool that is for use with children from the ages of 4 – 16. It has five sections covering details emotional difficulties, conduct problems, hyperactivity or inattention, friendships and peer groups and positive behaviours, plus an impact supplement to assist in predicting emotional health problems. SDQ will be implemented in West Sussex in April 2016 and will be triangulated meaning that the Carer, Teacher and child /young person will all be asked to complete a copy . The information from the forms will then be collated and scored to give an indication of the child /young person's emotional health and wellbeing.



Yvonne Woodcock, Named Nurse for Looked After Children. RGN, BSc (Hons)

October 2016

#### References

Statutory Guidance Promoting the Health and Wellbeing of Looked After Children (DfE DH 2015)

Promoting the health of children in Public Care –*The Essential Guide for health and social work professional and commissioners* Ed Merredew F. & Sampeys C. (2015)

# PROTOCOL FOR REQUESTING INITIAL HEALTH ASSESSMENT (IHA) FOR LOOKED AFTER CHILDREN

**NB IHA's should be completed within 28 days of a child coming into care**

## **Looked After Child Initial health assessment (IHA)**

SW to complete IHA paperwork prior to application for care order.

SW to provide Administrator for LAC with:

BAAF IHA-C (for children under 10yrs) or

BAAF IHA-YP (for children 10yrs +) **Part A completed with consent signed**

Completed BAAF consent form

Completed BAAF PH form (Parental Health history)

Completed BAAF M/B Form (Obstetric/Neonatal Form)

Provide a copy of Children & Family Assessment / Chronology

## **Named Nurse for LAC**

Receives request forms, plus other relevant information and provides them to the allocated medical practitioner e.g. Paediatrician or Specialist GP

## **Medical Practitioner**

Carries out IHA  
returns completed form to Administrator for LAC

## **Named Nurse for LAC**

Sends copies of summary & care plan to:

GP for medical records.

HV/SCH N

YP (if appropriate)

Carer

SW

IRO

Complete BAAF filed in child health records

Audit and record on S1

## **Medical Practitioner**

Makes any appropriate referrals to enable health needs to be met.

## **Named Nurse for Looked After Children**

**Yvonne Woodcock**

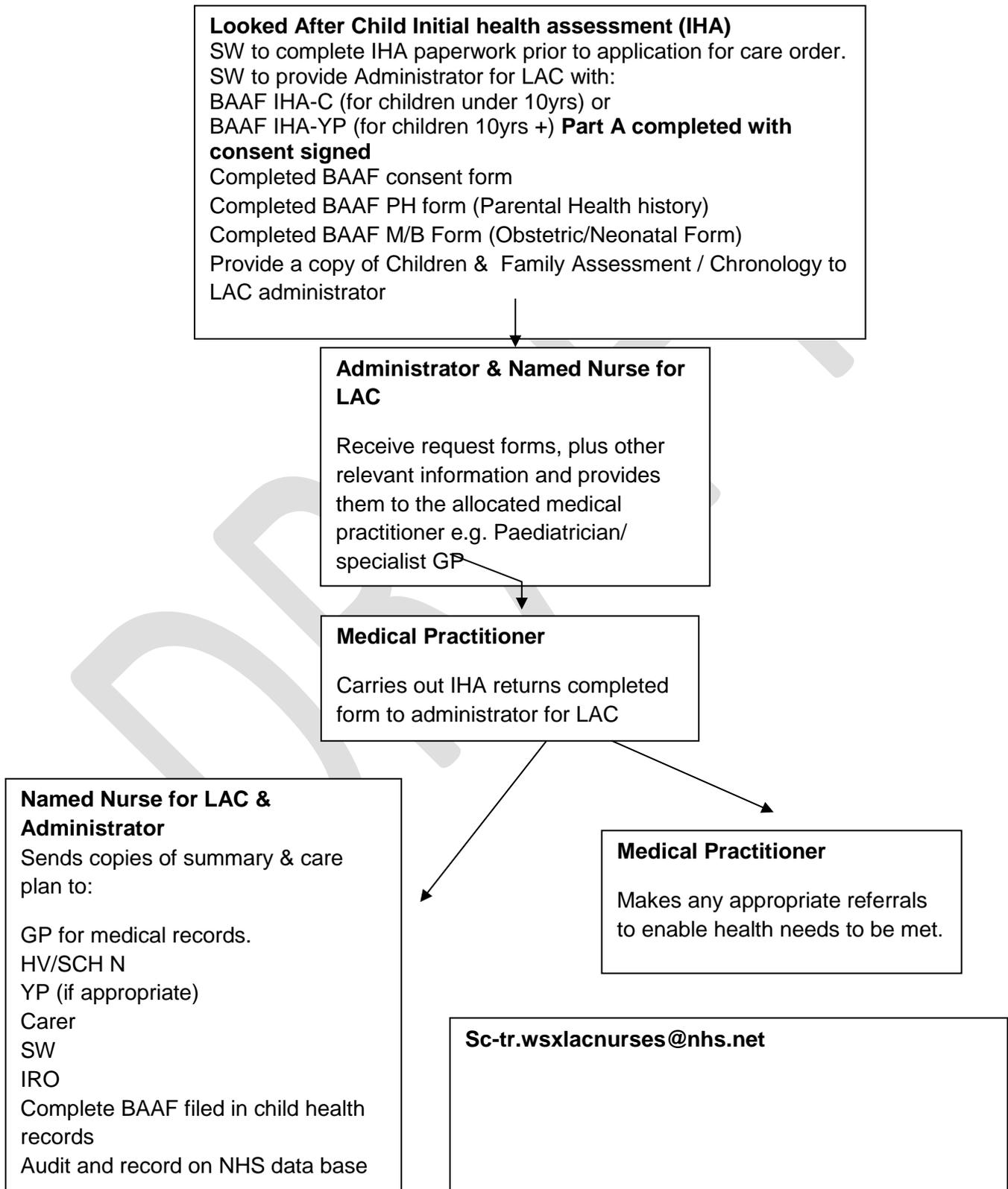
**Nightingale Primary Care Centre, Butlers Green Road, Haywards Heath, West Sussex. RH16 4BN**

**01444 414100      mob 07771974568**

**Sc-tr.wsxlacnurses@nhs.net**

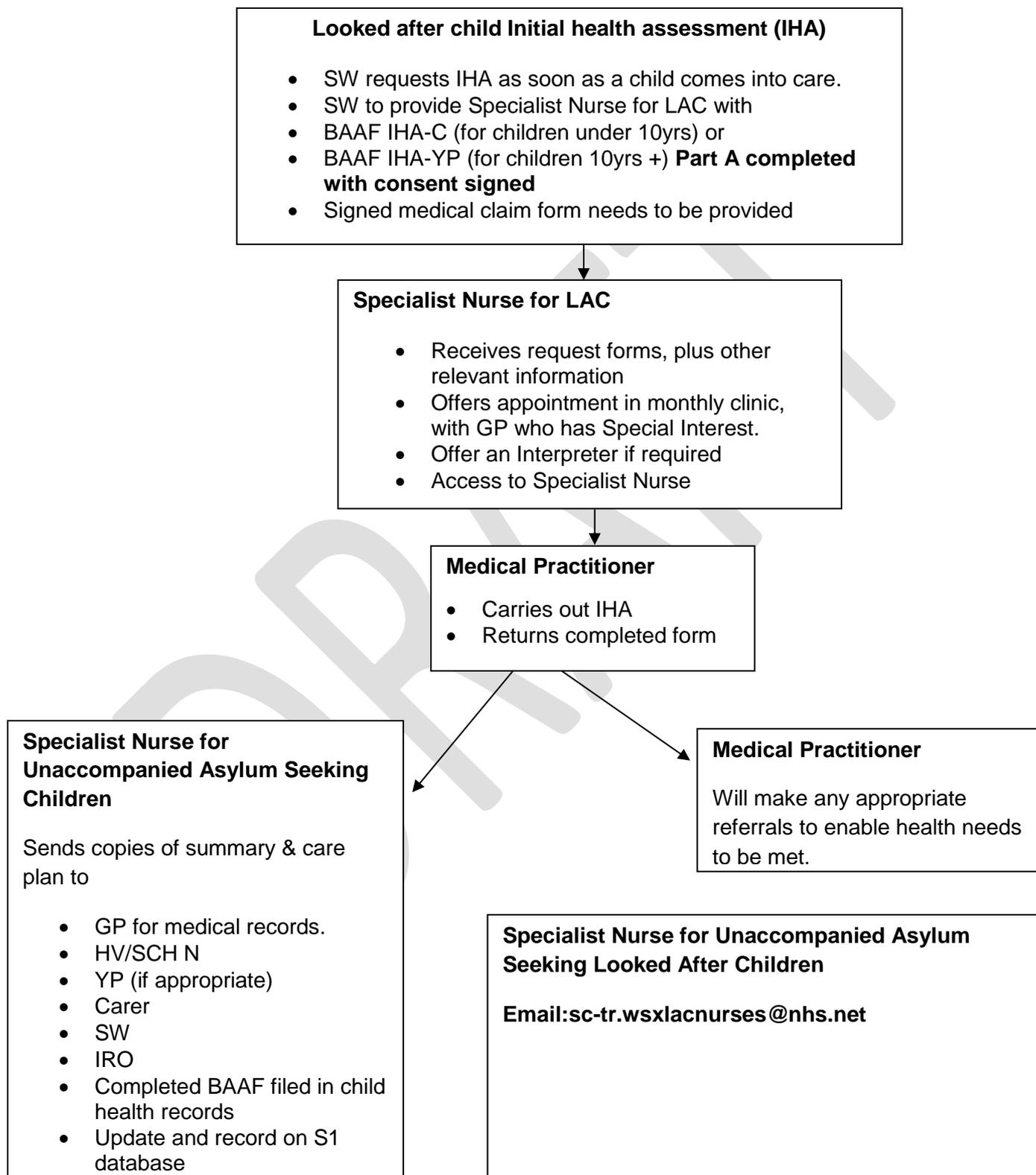
**PROTOCOL FOR REQUESTING INITIAL HEALTH ASSESSMENT (IHA)  
FOR WEST SUSSEX LOOKED AFTER CHILDREN PLACED OUT OF  
COUNTY**

**NB IHA's should be completed within 28 days of a child coming into care**



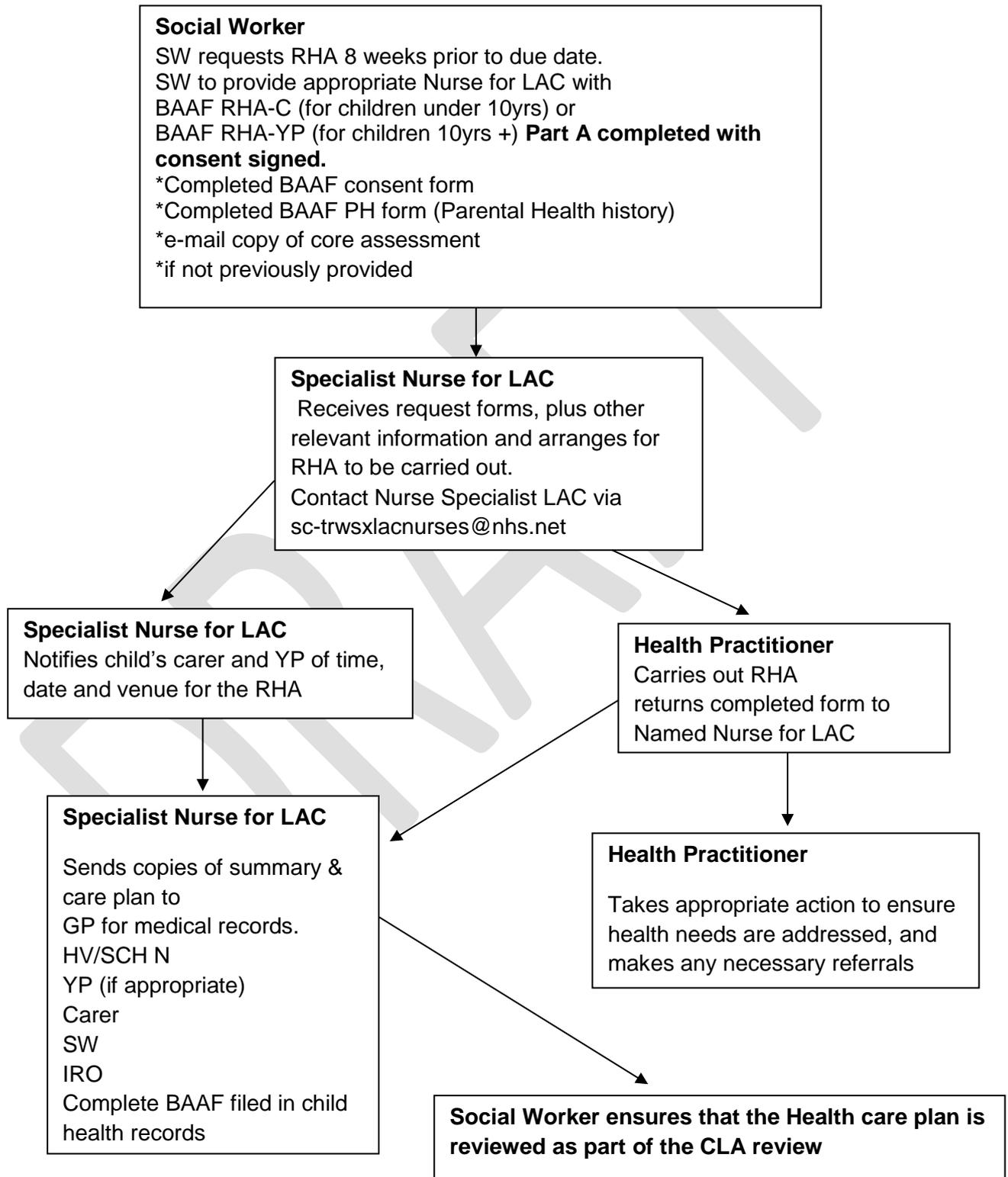
# PROTOCOL FOR REQUESTING INITIAL HEALTH ASSESSMENT (IHA) FOR UNACCOMPANIED ASYLUM SEEKING LOOKED AFTER CHILDREN

**NB IHA's should be completed within 28 days of a child coming into care**



# PROTOCOL FOR REQUESTING REVIEW HEALTH ASSESSMENT (RHA) FOR LOOKED AFTER CHILDREN

NB RHA's are required annually for children 5yrs and over Bi-annually for children less than 5yrs



# PROTOCOL FOR REQUESTING REVIEW HEALTH ASSESSMENT (RHA) FOR LOOKED AFTER CHILDREN PLACED OUT OF COUNTY

**NB RHA's are required annually for children 5yrs and over Bi-annually for children less than 5yrs**

